

Inspection Report

24 November 2022



Maybrook Adult Training Centre

Type of service: Day Care Setting
Address: Racecourse Road, Derry, BT48 8NG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health & Social Care Trust	Registered Manager: Miss Nicola Cooke
Responsible Individual: Mr Neil Guckian	Date registered: 5 December 2019
Person in charge at the time of inspection: Miss Nicola Cooke	
Brief description of the accommodation/how the service operates: Maybrook Adult Training Centre is a day care setting with up to 75 places that provides care and day time activities Monday to Friday for adults with varying degrees of learning disability needs. Some service users also require support due to sensory needs, dementia and physical disability. The day care setting is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 24 November 2022 between 9.36 a.m. and 4.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management and Covid-19 guidance was also reviewed.

No areas for improvement were identified during this inspection.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding and regular evaluation of person centred care records. Further areas of good practice were also noted in regard to communication between service users and day care setting staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

We would like to thank the manager, service users, relatives, HSC professional and staff for their support and co-operation throughout the inspection process.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives, a HSC professional and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I like coming here; everything is good."
- "Staff are nice."
- "I like colouring and writing."
- "This is a good place to come."

Service users' relatives/representatives' comments:

- "Staff are very kind and go way beyond their role to ensure my relative has a good day at day care."
- "No suggestions for improvement; you can't improve perfection."

- “My relative has come on leaps and bounds in the centre.”
- “Staff are very kind and always treat my relative and I with great respect.”

Staff comments:

- “I am very well supported by senior staff and the manager.”
- “There is a big focus on dysphagia here in the centre; great importance is placed on the service users’ mealtime and getting the correct meal.”
- “I have completed all the mandatory training including DoLS.”
- “I got an excellent induction when I started in the day centre.”

HSC Trust representative’s comments:

- “Very good communication from staff about my clients.”
- “It is my view that the care is of a good standard and person centred.”
- “Staff always have the service users best interest as their priority.”
- “There is good partnership working and staff inform me of any changes to my clients in a timely manner.”

There were no responses to the electronic staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 10 August 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 10 August 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: Second time</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following issue must be addressed:</p> <ul style="list-style-type: none"> • A number of shower curtains were present in place of doors in the male and female toilets in the identified unit. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A tour of the day care setting evidenced that this area for improvement had been addressed. A total refurbishment of the toilets had been completed.</p>	
<p>Area for Improvement 2 Ref: Regulation 16 (1) Stated: First time</p>	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the SALT care plan.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of two care records evidenced that this area for improvement had been addressed.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
<p>Area for Improvement 1 Ref: Standard 27.1 Stated: First time</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • surgical face masks and additional toilet rolls should not be stored uncovered in bathrooms • ensure all staff comply with the WHSCT's Bare below the Elbow policy. <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A tour of the day care setting evidenced that this area for improvement had been addressed.</p>	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The day care settings governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager and the WHSCT governance department. There was evidence that the manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, information governance and dysphagia.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe.

The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included:

- Transport arrangements
- Meals
- Activities
- Covid-19

Discussion with staff during a walk around the day care setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

We observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions.

There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). The manager advised that the report was disseminated to all of the service users, in a format which best met their communication needs.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

It was positive to note that the manager was part of a regional dysphagia group and a subsequent local group. The manager had implemented a safety pause at mealtimes and mealtime coordinators. Eating, Drinking and Swallowing (EDS) communication is in place between the day care setting staff and support services regarding the ordering and serving of service users' meals and drinks. EDS audit tools have been implemented to measure compliance with good practice guidance.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and/ or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, induction programme in place.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed.

A complaints and compliments record was maintained in the day care setting. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day care setting. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nicola Cooke, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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